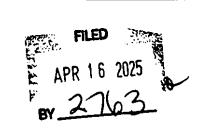


State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **Limited Liability Company**

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.



1 Entity ID Number	2 Exact name of the Limited Liability Company			
000686039	CALCIONE ENTERPRISES, LLC			
3 NAICS Code 624410 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island A preschool			
6 Principal Office Address		City	State	Zip
4 Wampum Trail		Smithfield	RI	02917
7. Mailing Address of Limite	d Liability Company and Name of	or Title of Contact Person		I
Contact Name Date F. Calcione		Contact Title Member		
Street Address 4 Wampum Trail		City Smithfield	State RI	^{Zip} 02917
8. The Resident Agent infor	mation currently of record with the	ne RI Department of State is accu	rate. Changes require	e filing Form 642
	y, I declare and affirm that I ha tatements contained herein an	ve examined this report, include true and correct.	ling any accompany	ring schedules and
Name of Authorized Person			Date	
Dale F. Calcione			1/14/25	
Signature of Authorized Per	le alone		· · · · · ·	

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov